

CORDATION FORM COVER SHEET PATENTS ONLY

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of Conveying party(ies):

Peter Lockhart
Robert Splinter
Matthew J. Davis

additional name(s) of conveying party(ies) attached ☐ Yes ☒ No

3. Nature of Conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date: 03/15/01

2. Name and address of receiving party(ies)

Name: Charlotte-Mecklenburg Hospital

Internal Address: _____

Street Address: PO Box 32861City: Charlotte State: NC Zip 28216Additional Name(s) & address(es) attached ☐ Yes ☒ No

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4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: 03/15/01 and 3/18/01

A. Patent Application No.(s)

10/053,103

B. Patent No. (s)

Additional number attached? ☐ Yes ☐ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: George R. McGuireInternal Address: Hancock & Estabrook, LLPStreet Address: 1500 MONY Tower I
PO Box 4976City: Syracuse State: NY Zip: 13221-4976Additional Name(s) & address(es) attached ☐ Yes ☒ No

6. Total Number of applications and patents involved:

17. Total fee (37 CFR 3.41) \$ 40.00

- ☒ Enclosed
☐ Authorized to be charged to deposit account

8. Deposit Account Number: 50-0576

- ☒ Charge any deficiencies or credit any overpayment

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9. Statement and Signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

George R. McGuire
 Name of person Signing

[Signature]
 Signature

4/8/02
 Date

Total number of pages including cover sheet, attachments and documents

2

ASSIGNMENT

WHEREAS, WE, Peter Lockhart, Robert Splinter, Matthew J. Davis, citizens of the USA, NETHERLANDS, USA respectively, residing at 3300 Chaucer Drive, Charlotte, NC, 28210; 9515 Stawell Drive, Huntersville, NC, 28078; 388 Brookgreen PL NW, Concord, NC, 28027 respectively, Assignors, have made certain new and useful improvements in ERYTHEMA MEASURING DEVICE for which application for Letters Patent of the United States is being made on the respective date indicated ; and

WHEREAS, Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center a corporation of the State of NC, Assignee, and having a post office address at PO Box 32861, Charlotte, NC, 28232-2861 is desirous of acquiring the entire right and interest in the same;

NOW, THEREFORE, BE IT KNOWN that for and in consideration of the sum of one dollar (\$1.00) and other good and valuable consideration to us in hand paid, the receipt of which is hereby duly and fully acknowledged, WE the said Peter Lockhart, Robert Splinter, Matthew J. Davis, have sold and BY THESE PRESENTS do sell, assign, transfer and set over unto the said Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center the entire right, title and interest in and to the aforesaid patent, and divisions thereof, including all foreign rights thereunder.

Date

3/15/02

Peter B. Lockhart
Peter Lockhart

STATE OF NC)

COUNTY OF Mecklenburg)

ss:

On this 15th day of March in the year 2002, before me, the undersigned, a Notary Public in and for said State, personally appeared Peter Lockhart, known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Witness my hand and official seal.

My commission expires: 7/23/05

Martha B. Carpenter
Notary Public

Date 3/18/02

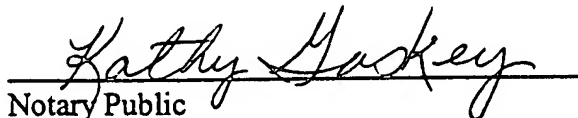

Robert Splinter

STATE OF North Carolina)
COUNTY OF Mecklenburg) ss:

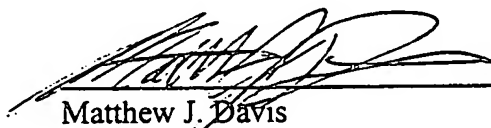
On this 18 day of March in the year 200^{2/04}, before me, the undersigned, a Notary Public in and for said State, personally appeared Robert Splinter, known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Witness my hand and official seal.

My commission expires: Oct 15, 2005


Notary Public

Date 3/19/02


Matthew J. Davis

STATE OF North Carolina)
COUNTY OF Mecklenburg) ss:

On this 18 day of March in the year 200^{2/04}, before me, the undersigned, a Notary Public in and for said State, personally appeared Matthew J. Davis, known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Witness my hand and official seal.

My commission expires: Oct 15, 2005


Notary Public

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Your mailroom stamp hereon will acknowledge your safe receipt of:
the transmittal form, fee transmittal, Notice to File Missing Parts,
Assignment Recordation Sheet, Declaration and a check in the amount
of \$105 for:

Carolinas Medical Center
Ser. No. 10/053,103
Filing Date: 10/053,103
Our Docket No. 163 P 008

April 8, 2002
GRM/arm

Attorneys At Law
HANCOCK
Estabrook LLP
1500 MONY TOWER I
P.O. BOX 4976, SYRACUSE, NY 13221-4976

OPERATING ACCOUNT

173470

DATE 04/08/02

PAY TO THE ORDER OF ONE HUNDRED FIVE AND 00/100 Dollars

AMOUNT \$105.00

HON. COMMISSIONER OF PATENTS &
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